

The Role of CHW in Brain Care

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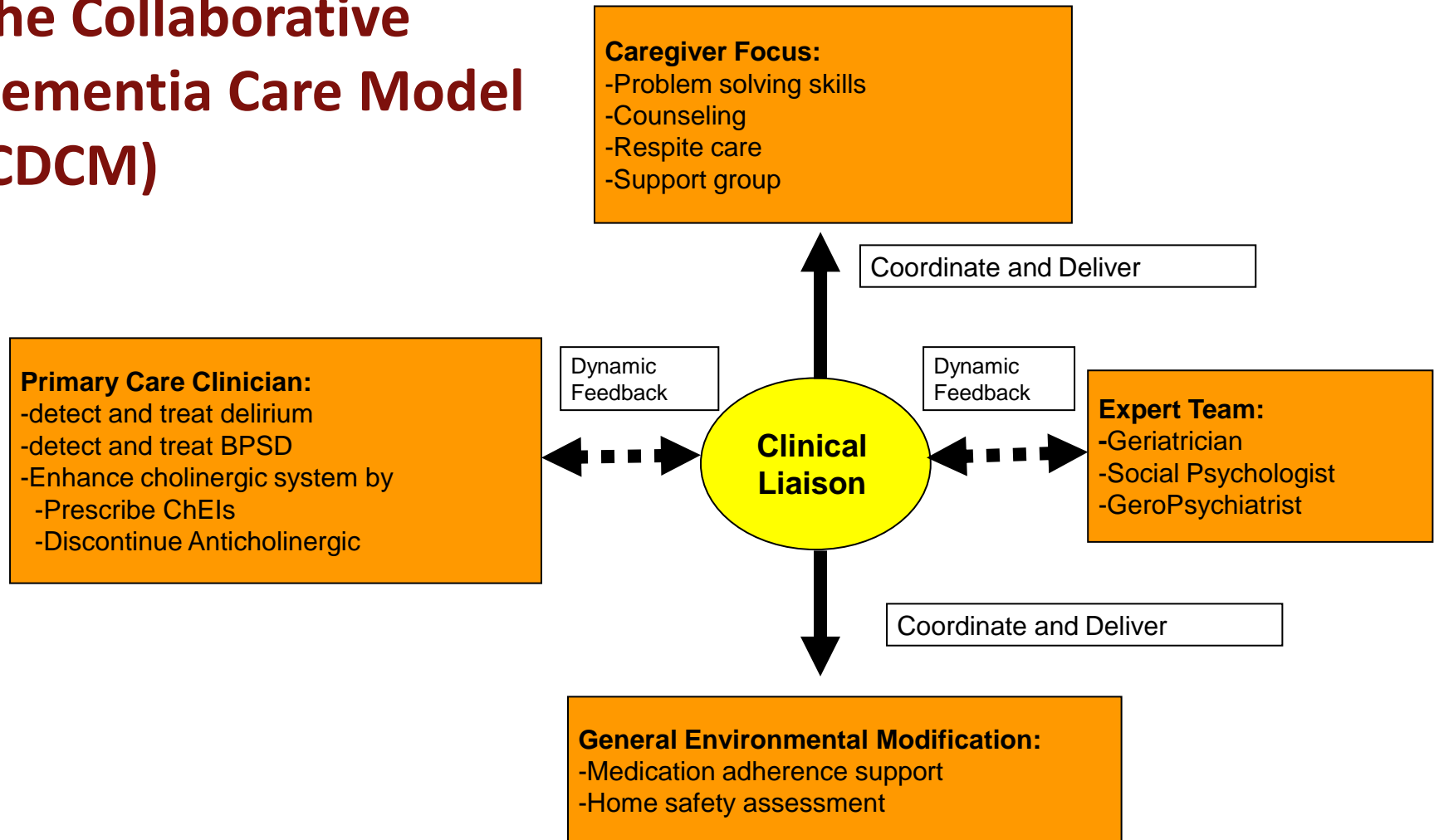


Objectives

- Review the Collaborative Dementia Care Trial
- Describe the structure and the tools of the Aging Brain Care (ABC) Program
- Review early pilot data
- Describe the development of the new work force for the ABC program



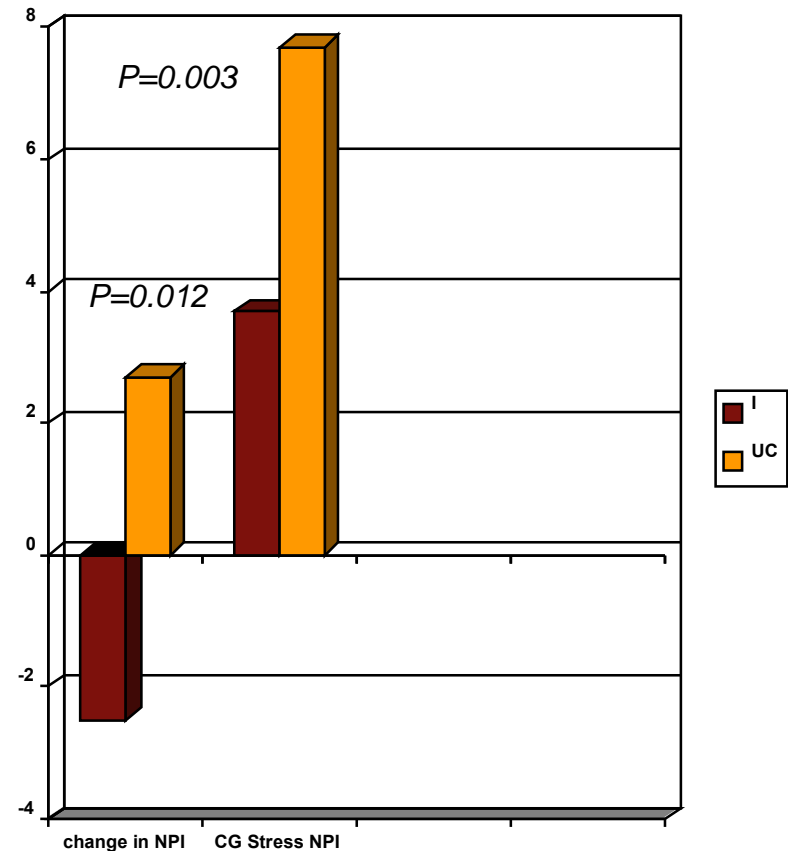
The Collaborative Dementia Care Model (CDCM)





The Impact of CDCM

- CDCM led to 7 point improvement in Neuropsychiatry Inventory (NPI)
- Number need to Treat (NNT) = 3.7
- Each 1 point decline in NPI = \$250-\$400 in health care expenses
- CDCM saved 1750-\$2800 per patient
- Improvement in family stress

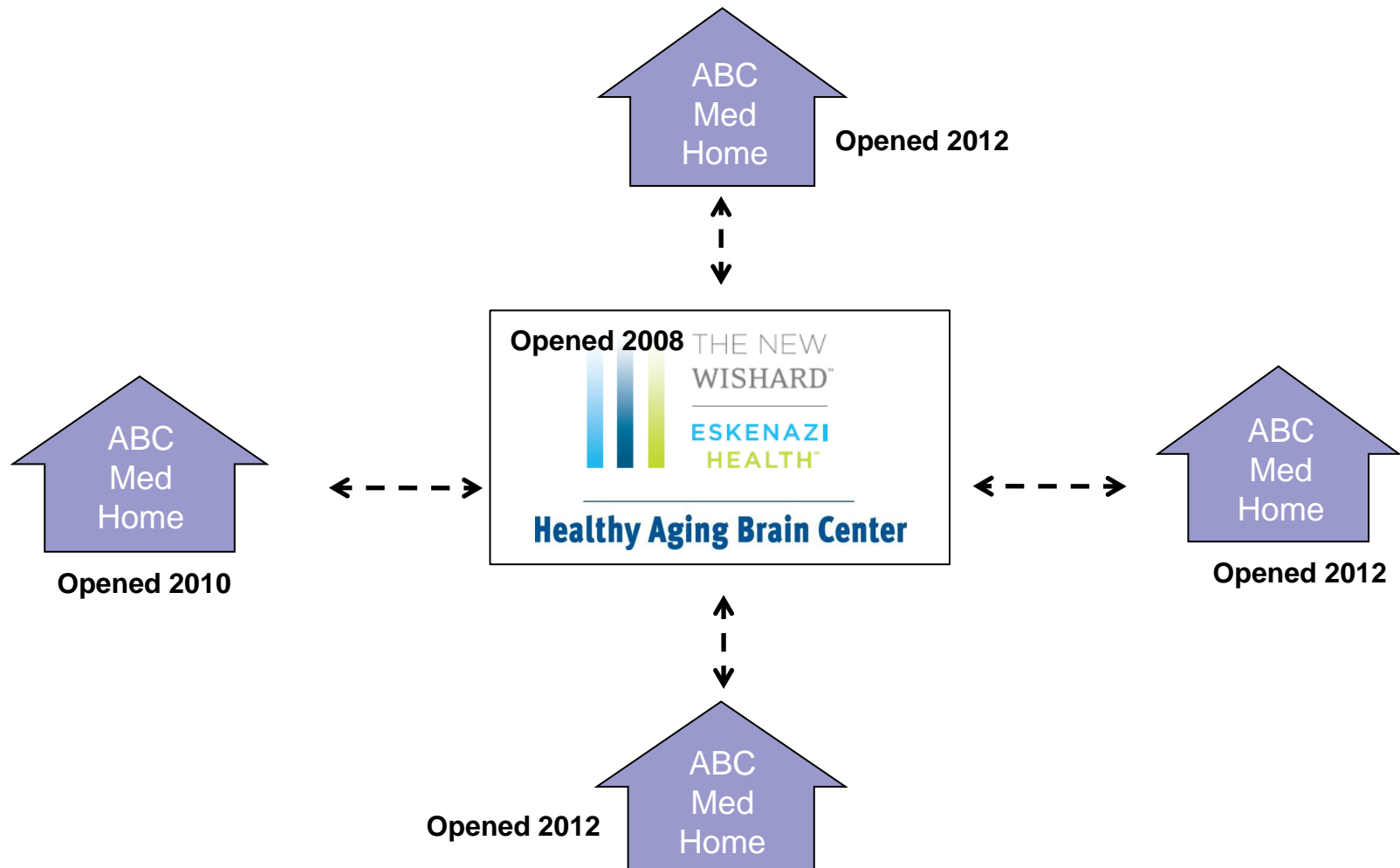


Callahan, Boustani et al, JAMA 2006

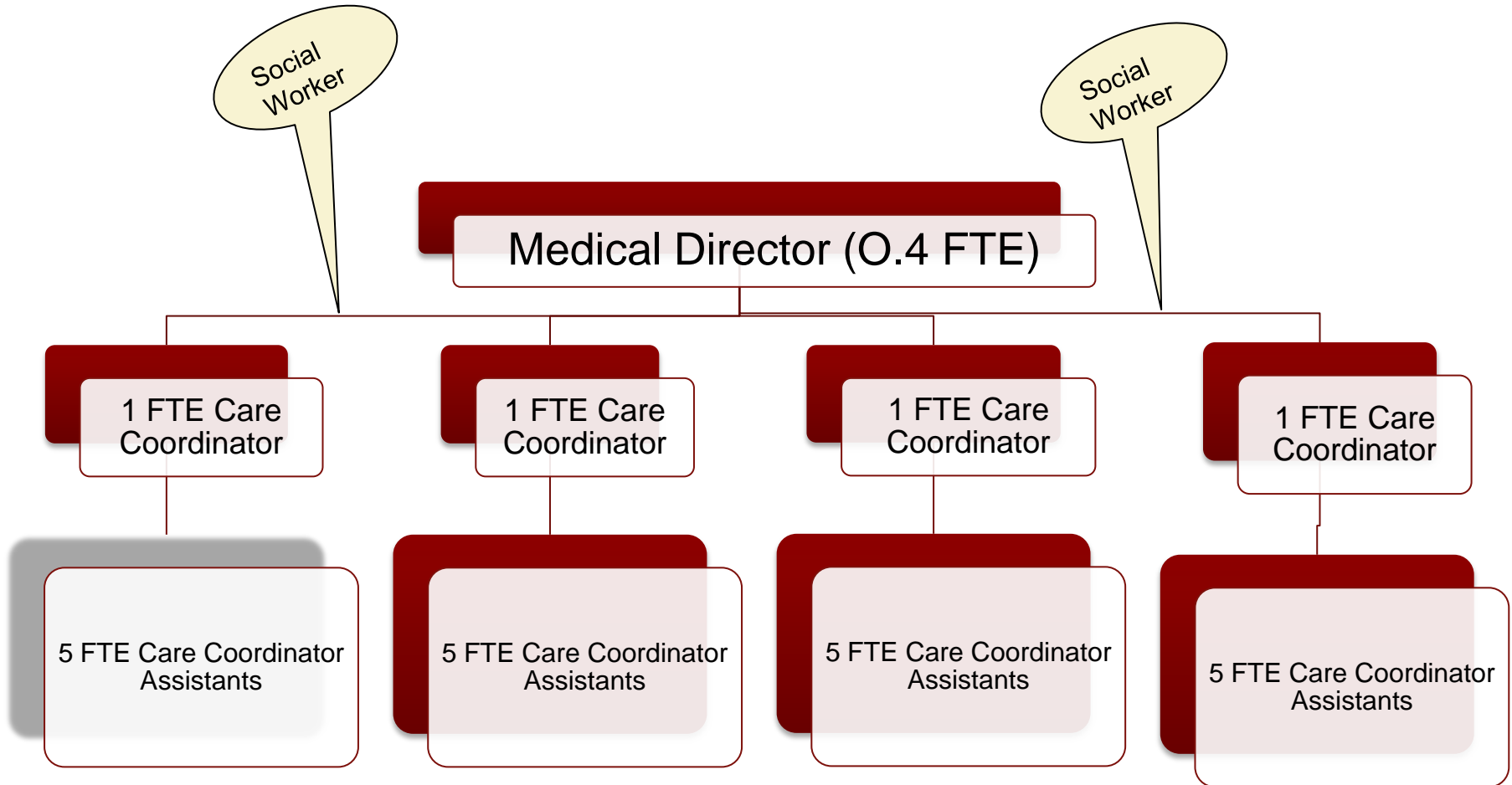


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From “JAMA” to Aging Brain Care Service Line at Wishard!



The ABC MedHome Organizational Structure





Standardized ABC Minimum Care

1. Check Hospital & ER Alerts every day
2. Coordinate with Inpatient services
 - a) Alert hospital team of presence of CI/ Depression
 - b) Medications conciliation
 - c) Connect with family caregiver
 - d) Request ACE consult
 - e) Coordinate post discharge transition
3. Post discharge care
 - a) Home visit within 72 hours of discharge
 - b) Mediation reconciliation
 - c) Coordinate Home Care visit
 - d) Coordinate post hospital orders
 - e) Deliver Delirium protocol and handout
4. Ongoing Aging Brain Care
 - a) Manage Depression
 - i. PST
 - ii. SSRI
 - iii. CBT
 - b) Manage Cognitive Impairment
 - i. ChEIS (if needed)
 - ii. D/c Anticholinergics
 - iii. Caregiver counseling and education
 - iv. Mediation adherence support



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ABC Tools

www.agingbraincare.com

- ABC Multiple Mini Interview
- ABC Training Curriculum, Implementation Process, and Fidelity assurance
- ABC Symptoms Monitor (HABC-M)
- ABC Care Protocols
- ABC Informal Caregivers Handouts
- Anticholinergic Cognitive Burden Scale
- ABC Mobile Office with a tablet PC, Smart phone, access to Internet and Intranet
- A team workstation Hub
- Population Management Software (eMR-ABC)



ABC Performance (Pilot program)

The Acute Care Service Utility Domain	ABC	PCC
% patients with at least one ER visit	28%	49%
Total number of ER visits	124	1143
% patients with at least one hospitalization	13%	26%
Total number of hospitalizations	45	438
Mean/Median length of hospital stay	5 / 4	7 / 4



ABC Performance (Pilot program)

The Quality of Care Indicator Domain	ABC	PCC
% seen at ER again within one week	14%	15%
% re-hospitalized within 30 days of discharge	11%	20%
% with at least one order of definite anticholinergics	19%	40%
% with at least one order of neuroleptics	5%	5%
% with at least one order of anti-dementia drugs	55%	13%
% with at least one order of antidepressant drugs	68%	48%
% with at least one order of definite anticholinergics and anti-dementia drugs	16%	32%
% with at least one LDL order	82%	72%
% of patients with LDL < 130	45%	23%
% with at least one HbA1c order	78%	62%
% of patients with HbA1c < 8	78%	51%
% with last systolic BP < 160	27%	24%



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Early Data First quarter 2013

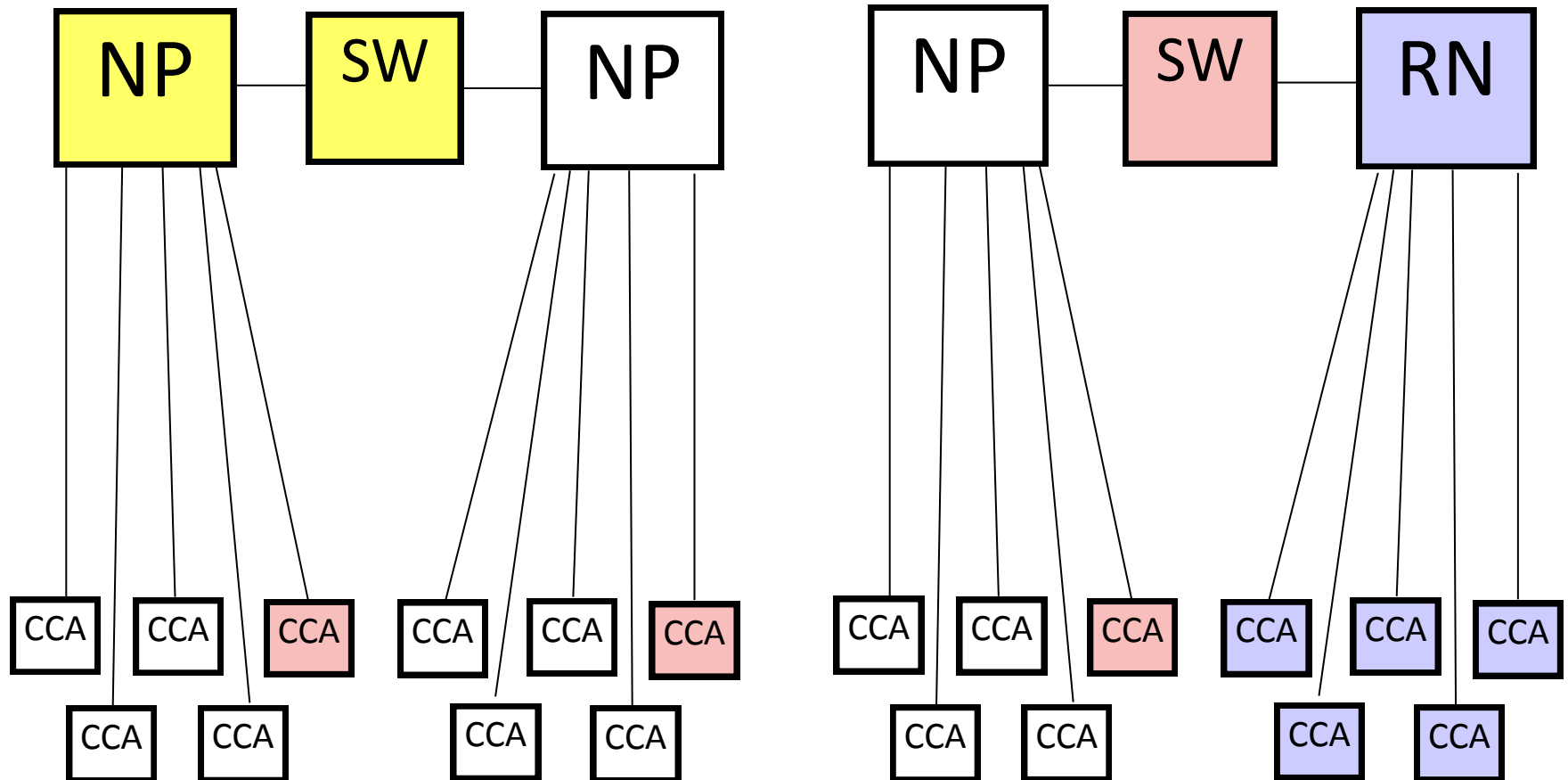
Jan 1 to March 30

Variable	
Total Active patients	2234
Total visits	5190
Mean age	76.5 yrs
Full Dementia Responders	54% to 91%
Major depression full responders	38% to 43%
Cost reduction per resident (n= 194)	40% (95% CI 20% to 60%)



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STAFFING PLAN





The New Workforce (CCA)

Care Coordinator Assistant (CCA) Role

- Based on “task shifting” concept: tasks that require less training and expertise are provided by less expensive members of the care team
- Standardized care protocols delivered under close supervision.
- 2 levels:
 - CCA-I: at least high school diploma
 - CCA-II: have 2-year degree



CCA Responsibility

- Enroll patient/caregiver in the program
- Conduct patient/caregiver biopsychosocial needs assessment
- Deliver specific care protocols
- Monitor medication adherence
- Manage data entry in eMR-ABC
- Manage patient/caregiver psychosocial care needs

All under close supervision of NPs, RN, and MSWs



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Innovative Onboarding Model

- **Initial phone screen** with questions about experience and attitudes along with Wishard team and skills-focused questions
- **Follow-up face-to-face interview** with additional questions about experience and attitudes along with Wishard team and skills-focused questions
- **A Six-Station Multiple Mini Interviews (MMIs)** evaluation



Multiple Mini Interview

- Multiple Mini Interview (MMI) used in the admissions process in a growing number of medical schools
- Changes interview process from “Tell me about what you can do” to “Show me what you can do.”



Multiple Mini Interviews

- 6 stations
- Each with a different interviewer
- Candidates assessed on their ability to do something, for example:
 - Communicate
 - Exhibit critical thinking
 - Demonstrate empathy



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MMI Stations

Station 1: Develop rapport with both patient and caregiver

Station 2: Maintain composure under stress

Station 3: Demonstrate compassion

Station 4: Educate caregiver and patient

Station 5: Prioritize multiple needs

Station 6: React positively to photo of elderly person



Each MMI Station

- Identified goal(s)
- Description of scenario
- Role descriptions for SPs
- Door note
- Background information for interviewer
- Assessment with open-ended questions and Likert-scale evaluations



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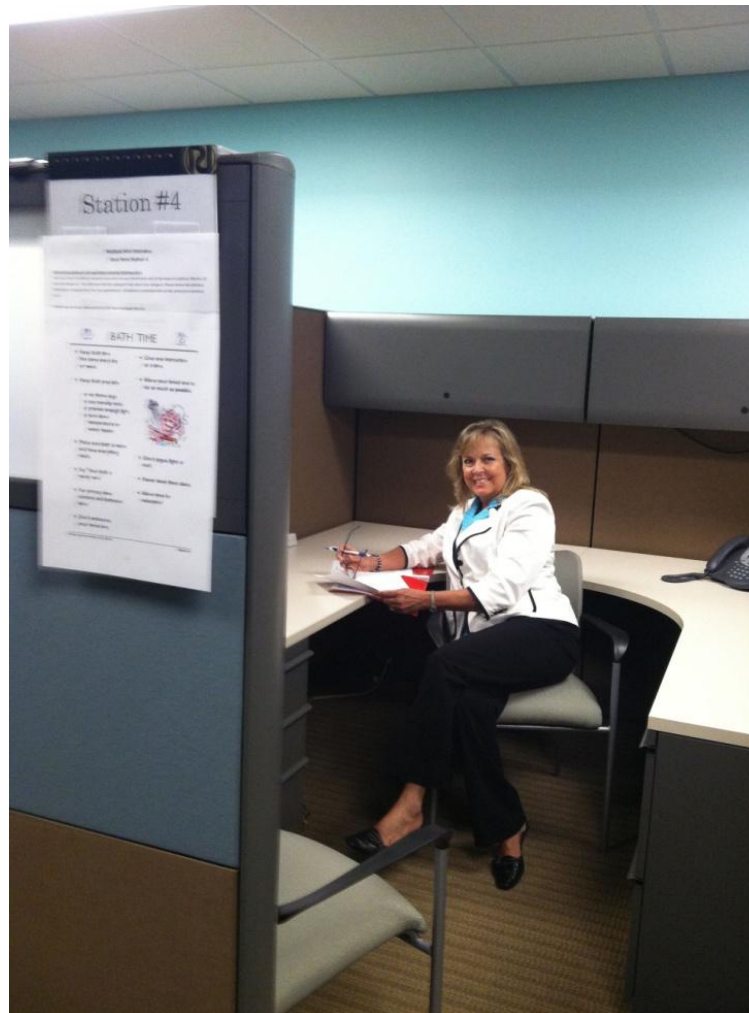
Interview Station 1: Develop Rapport with Patient and Caregiver





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Interview Station 4: Educate Caregiver and Patient





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Interview Station 6: React Positively to Photo



In addition, standard Q&A interview was part of this station.



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Five minutes per station with 2 minutes allotted to prep for the next station.





Candidate Assessment

- Performance at each station evaluated by interviewers
- Open-ended questions at some stations
- 2-3 performance evaluation items were created for each station
 - Each item was rated by the interviewer on a Likert-type scale (1=Lowest to 5=highest)
 - Anchoring terms for scores of 1, 3, and 5 were created

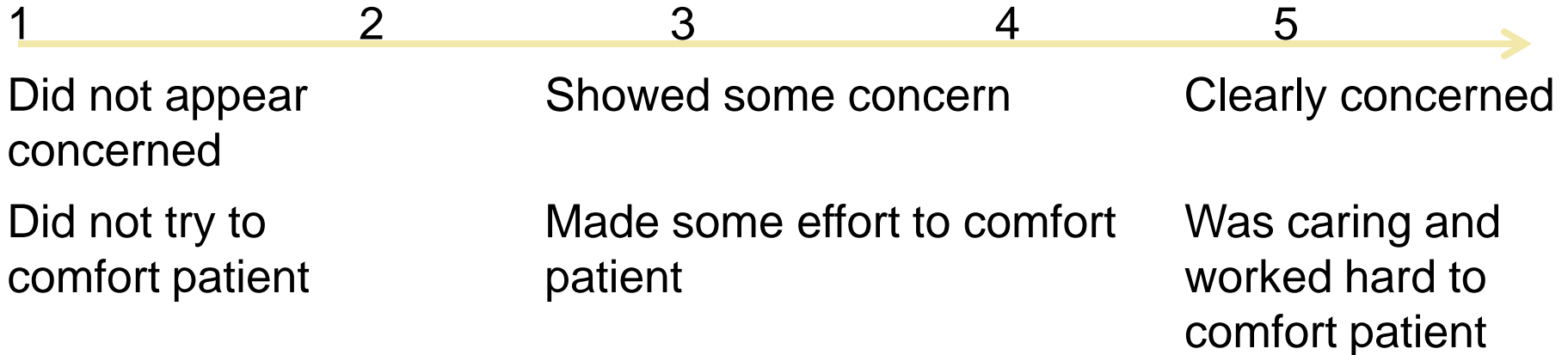


Evaluation of Empathy

Interviewer's Evaluation of the Empathy

Did applicant overtly notice (through obvious gesture, touch or comment) that the patient was distraught/crying? ____ Yes ____ No

Ability of applicant to display empathy by responding to the patient's emotion





Three Global Ratings of Each Candidates

- After each individual station, interviewer ranks candidate
- After all candidates have completed station, interviewer ranks all candidates
- After post-interview group debrief interviewer ranks all candidates again



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Post Interview Group Debrief

Interviewers met together immediately following the MMIs to discuss, rank candidates, and identify those candidates to whom an offer of employment would be made.



Total N Interviewed and Hired

- 62 screened candidates invited to an MMI session
- 4 MMI Sessions were conducted between July and November 2012
- 21 CCAs were hired



Comparison of Performance of Hired vs. Non-hired Candidates

- Interviewers' ratings of CCA candidates performance after all CCA interviews were significantly different for most stations (hired scoring better than those not hired)
- Scores on Station 3 (empathic response) was most discriminating
- Scores on Station 6 (perception of elder in picture) were least discriminating



Conclusions about the Screening Process

- MMI provides a discriminating process for hiring CCAs based on key attributes
- The scoring by interviewers resulted in increasing ability to discriminate performance of desirable candidates
- Even a 5 Station MMI with 2-3 items per station can help select top candidates from those who passed HR screening



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CCA Training

Two week training included:

- Interactive sessions
- Clinical immersion
- Three half days of simulation with trained standardized patients in Medical Education Simulation Center



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Interactive Sessions

- Imbedded didactic lectures
- Video sessions (e.g. Iris, The Notebook, and HBO series on Alzheimer's disease)
- Role playing utilizing both current ABC staff and trainees (e.g. assessment tools, communication skills, and caregiver interventions)
- Teambuilding (e.g. collaborative care model, team lunches, and CCA gift exchange)
- Reflective reading and writing



Clinical Immersion

- Shadowed at Healthy Aging Brain Center and observed
 - neuropsychological testing
 - physician exam
 - family conference
- Accompanied ABC Medical Home staff during home visits
 - initial visit with assessments
 - protocol delivery
- eMR-ABC
 - practiced data entry
 - trained in population health functions of the eMR-ABC



Simulations

- Three half days
- Trained standardized patients in Medical Education Sim Center
 - Each CCA conducted a “home visit” with two trained standardized patients (caregiver/patient dyad), while being videotaped
 - Immediately following the session CCAs provided feedback on the interaction by the standardized patients



CCA Simulations with SPs

- Watched the videotape of their encounter, completed self-assessment
- Participated in small group debrief on their experience, viewing several videotapes
 - Identified areas of strength and improvement
 - Communication skills, active listening, non-verbal
- Repeated encounter a 2nd time to improve their performance, delivery of service and level of comfort (videotaped)



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Progress Report [1 year]

- New Hires
 - 2 Nurse Practitioners
 - 1 Registered Nurse
 - 1 Social Worker
 - 20 CCAs
 - 3 from CICOA; 5 from Arnett
 - 4 Program Administrators
 - .40 Medical Directors
- 20 CCAs trained and deployed
 - Lost 1 CCA to an administrative role
- 2000 patients enrolled



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AGING BRAIN CARE MEDICAL HOME TEAM



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Collaborators

Mary Austrom

Cathy Alder

Christopher Callahan

Ann Cottingham

Michael LaMantia

Debra Litzelman